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3-2-2017

### Bridging for Health Site Leader Insights Part 2

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#### Recommended Citation

Georgia Health Policy Center, "Bridging for Health Site Leader Insights Part 2" (2017). *GHPC Articles*. 32.  
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# Bridging for Health Site Leader Insights

## *Part 2: Financing and Learnings to Date*



*We asked leaders from each of the four initial Bridging for Health sites for their reflections on what a successful collaboration looks like, obstacles to building this coalition, and what assets each of their communities currently have in place to improve population health.*

### **Start Small, But Think Big**

The scope of the work can be daunting.

"A big misconception is that you have to do it 'big,'" says Kathy Dunleavy, president and CEO of the Mary Black Foundation in Spartanburg, S.C. "It seems that this may be a deterrent. Major financing of socioeconomic determinants includes major risk and complexity that many communities don't want to or can't tackle."

Addressing housing, hunger, education, and job training requires resources and manpower beyond the capacity of any one organization or sector. But site leaders recognize that money alone cannot solve these long-festering issues. They see the building of the coalition as integrally related to developing innovative mechanisms for financing upstream drivers of health.

"I think that seeing financing socioeconomic determinants of health as a monolithic accomplishment is probably impossible," says Karen Hacker, M.D., director of the Allegheny County Health Department. "Public health has a role to play, but so does economic development, jobs training, etc."

Starting small can lower the risk and allow organizations to test a concept. The sum of many small efforts may lead to big gains in a community's health.

"The largest misconception, in my opinion, is not understanding the value of prevention," explains Jim Carlough, Jr., president and CEO of Yamhill Community Care in Oregon. "In addressing socioeconomic determinants of health, this could be as simple as providing a pair of diabetic shoes rather than a wheelchair, or the air-conditioner for the elderly patient rather than the hospitalization. It is hard to measure the cost and impact of the avoidance and therefore harder for financiers to envision the benefits, or return on investment."

## **Need for Money and a Shift in Mindset**

There is no one financing mechanism that will meet the needs of all communities. Bridging for Health emphasizes innovating. The innovations may include implementing a known financing mechanism in a new setting, combining financing innovations in new ways, or creating new vehicles to meet the local context.

"Every community is different so, while it is important to talk to and learn from others, make sure you design your work in a way that's right for your community," says Dunleavy. "As you plan your work, dig down and look for the root problems. At times, we wanted to jump right into a solution and realized we had more questions to ask."

Money alone cannot single handedly tackle inequities and transform population health. It takes the right partners with a willingness to devote the time and energy to shift their mindset, whether that is towards focusing on prevention, stewardship, or health equity.

"We want stakeholders to understand that it is not another short-term grant process," says Elizabeth Lutz, executive director of the Bexar County Community Health Collaborative in Texas. "One 'magic bullet' would be for people to understand that if we invest now, it can translate into positive long-term health outcomes in our community."

Site leaders agreed that health disparities didn't happen overnight and the underlying causes of unhealthy communities cannot be solved quickly either.

"The health equity lens would be a wonderful 'magic bullet.' It is hard to celebrate that infant mortality rates are down when the disparity between black and white is significant," says Dunleavy. "We must set our sight on the ultimate goal, celebrate the small, incremental improvements, and keep at it."

The work communities are undertaking as part of Bridging for Health is not easy. While health transformation may start small and take longer than desired, Hacker admits, "This process has helped us dream bigger."

## **About Bridging for Health**

Many national efforts are underway to encourage communities to explore novel mechanisms to fund initiatives targeting the upstream drivers of health and wellness. Bridging for Health: Improving Community Health Through Innovations in Financing, supported by the Robert Wood Johnson Foundation, takes a systemic approach to improving population health. It fosters connections among diverse stakeholders to align investments to target the upstream drivers of health that will ultimately improve population health outcomes.

To accomplish this, Bridging for Health focuses on the linkages between three key areas—innovations in financing, collaboration, and health equity.

### **Allegheny County Health Department, Pennsylvania**

- Karen Hacker, M.D., director
- Casey Monroe, executive policy adviser

### **Bexar County Community Health Collaborative, Texas**

- Elizabeth Lutz, executive director
- Robert Ferrer, board chair
- Charles Kight, past board chair

### **Mary Black Foundation, South Carolina**

- Kathy Dunleavy, president and CEO

### **Yamhill Community Care, Oregon**

- (Jim) James D. Carlough, Jr., president and CEO